DRIVER'S CRASH REPORT FORM CRB-2 (Rev. 1/06)

PLEASE READ INSTRUCTIONS ON REVERSE SIDE

FURIVI	JRB-2 (Rev. 1/06)			*INDICATES RI	QUIRED FIE	LDS				
	PLACE WHERE CRASH OCCURRED	*CITY OR TOWN								
LOCATION	IF CRASH WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN		MILES			CITY OR TO	DWN			
	ROAD ON WHICH CRASH OCCURRED					CONSTR. ☐ YES	SPEED LIMIT			
	BLO	STREET OR I	STREET OR ROAD NAME		ROUTE NUMBER	CONSTR. ☐ YES ZONE ☐ NO	SPEED LIMIT			
	COMPLETE ONE		2 SECULOMBINA SECULO SE		ROUTE NUMBER					
			Jacob Con La	NORTH S E W		SHOW NEAREST INTERSECTING NU IF URBAN, SHOW NEAREST INTE				
DATE	*DATE OF CRASH		20	DAY OF WEEK		HOUR	☐ A,M. ☐ P.M.	IF EXACTLY NOON OR MIDNIGHT, SO STATE		
	#1 - YOUR VEHICLE			EHICLE INDENT. NO_						
	YEAR MA MODEL MO	DDEL	TYPE OF VEHICLE	SEDAN, TRUCK, VAN	ETE	LICENSE PLATE	STATE	NUMBER		
VEHICLES	*DRIVER	FORD, CHEV., ETC.		SEDAN, IRUCK, VAN	2000-2000		×			
	LAST		MI	DATE OF DIDTH	MAIL ADDR	SEX RACE	CITY AND STATE	APPROX. COST TO REPAIR		
	OWNER			DATE OF BIRTH				YOUR VEHICLE		
	LAST	FIRST	MI	MAIL ADDRESS	CITY	STATE	ZIP			
	INSURANCE INFORMATION	ISURANCE COMPANY NAME (NO				11-11	No Ni	CY NUMBER		
	#2 - OTHER VEHICLE MOTOR VEHICLE TRAIN PEDESTRIAN BICYCLIST OTHER COMPLETE INFORMATION YOU HAVE AVAILABLE - IF UNKNOWN, MARK "NOT KNOWN")									
	YEAR MA MODEL MC	AKE/	TYPE OF VEHICLE			LICENSE PLATE				
FOR OTHER VEHICLES USE ANOTHER FORM		FORD, CHEV., ETC.		SEDAN, TRUCK, VAN,	ETC.	YEAR	STATE	NUMBER		
	*DRIVER	FIRST	MI	MAIL ADDRESS		CITY	STATE ·	ZIP		
	OWNER	FIRST	ML	MAIL ADDRESS		CITY	STATE	ZIP		
	INSURANCE INFORMATION INSURANCE COMPANY NAME (NOT THE AGENT) ADDRESS CITY STATE ZIP POLICY NUMBER									
DAM							OXIMATE COST TO REPAIR			
OTHE	ER THAN VEHICLES	1	NAME OBJECT, SHOW	OWNERSHIP, AND STATE NATUR	RE OF DAMAGE		s			
INJURIES	#1-INJURED PERSON		☐ DRIVER	□ PASSENGER □ PEDI	ESTRIAN 0	THER				
	11-0004029-			WAS PERSON KILLED?		DATE OF DEATH		SEAT BELT USED NOT USED		
	#2-INJURED PERSON			□ PASSENGER □ PEDI		OTHER	*			
	AGE SEX DESCRIBE INJURY			WAS PERSON KILLED?		DATE OF DEATH		SEAT BELT ☐ USED ☐ NOT USED		
	E BRIEFLY WHAT HAPPEI		P	LEASE DO NOT SE	ND PHOTO	GRAPHS				
(IF SPACE IS INSUFFICIENT CONTINUE ON ANOTHER PAGE)										
-										
- n	DIVED'S SIGNATURE						DATE OF DEDODT			
	RIVER'S SIGNATURE						DATE OF REPORT			

When completed, mail this form to:

CRASH RECORDS BUREAU TEXAS DEPARTMENT OF PUBLIC SAFETY PO BOX 4087 AUSTIN TEXAS 78773-0350

PLEASE READ ALL INSTRUCTIONS CAREFULLY

The driver of a motor vehicle involved in a crash not investigated by a law enforcement officer and resulting in injury to or death of any person, or damage to the property of any one person, including himself, to any apparent extent of at least One Thousand Dollars (\$1,000), shall within ten (10) days after such crash complete and forward this report in accordance with the instructions below. This report is not required when a crash is investigated by a law enforcement officer unless specifically requested by authority of Section 4, Texas Motor Vehicle Safety-Responsibility Act (Texas Transportation Code, TRC §601.004).

WHO SHOULD COMPLETE A CRB-2	1.	The information on the reverse side of the CRB-2 must be completed and signed by the driver of the vehicle involved in the crash. If the driver is unable to complete the report, another person may submit the report on behalf of the driver, with an explanation as to why the driver was unable to complete the form.
LOCATION	2.	All data fields should be completed to the best of your knowledge; however, fields marked with an asterisk (*) are required data fields and should include sufficient information for DPS to process the report. This information is an important element in locating reports and maintaining an accurate filing system. *CITY OR TOWN in the Location section is a required field; if it is left blank the report will be returned.
DATE	3.	*DATE OF CRASH is a required data field and must include the specific month, day, and year the crash occurred. Please provide the time of the crash if known. If the date of the crash is not provided, the report will be returned.
VEHICLES	4.	In the section titled #1 YOUR VEHICLE , the name of the *DRIVER involved in the crash is a required data field. All remaining information should be completed to the best of your knowledge. In the section titled #2 OTHER VEHICLE , please specify if the crash involved another motor vehicle, a train, a pedestrian, etc. and provide the name of the other involved party on the line labeled DRIVER. Please complete the remaining information to the best of your knowledge.
PROPERTY	5.	If the crash involved <u>"PROPERTY DAMAGE"</u> please provide all available information. (Description of property, location, owner, etc.)
INJURIES	6.	In the section titled #1 INJURED PERSON, select the position of the occupant in your vehicle that was injured as a result of the crash and complete all data fields on that person. In the section titled #2 INJURED PERSON, select the position of the other person involved in the crash that was injured and complete all data fields to the best of your knowledge. If known, please indicate if the injured person wore a seatbelt.
DRIVER'S STATEMENT	7.	"STATE BRIEFLY WHAT HAPPENED" In this section, please provide a narrative description of the facts regarding this crash. If space is insufficient, attach a <u>FULL SIZE</u> sheet of paper for continuation. <u>PLEASE DO NOT SEND PHOTOGRAPHS!</u> Photographs cannot be returned.
SIGNATURE	8.	Please review the report to insure accuracy and completeness as this will expedite the processing of the report and avoid having the report returned for insufficient information. Once you are satisfied with the completeness of the report, sign in black or blue ink and mail to the address at the top of the page.